MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/724476 **FILING DATE**

APPLICANT(S)

CLAIMS

CLAIMS	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP
1	1		1			
2		1				
3		1				
4		1				
5		1				
6		5		5		
7		1				
8	1		1			
9		1				
10		1				
11		1				
12		1				
13		1				
14		5		5		
15		1		1		
16	1		1			
17		1				
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50						
TOTAL IND.	3		3			
TOTAL DEP.	29		25			
TOTAL CLAIMS	32		28			

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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